

Note that this includes basic fields without dropdowns for training purposes and should not be submitted as an event report.

My Dashboard | Contacts | Admin | Logout |

Events ▾



UHC Safety Intelligence: Event Report Los Angeles County Department of Mental Health (DMH)

To protect the confidentiality and non-discoverability of the event, do not print, reference or include the report, e-mail acknowledgement or communications with clinical risk management in the client record.

Welcome to the UHC Safety Intelligence Front Line Reporter Form.

- A ★ indicates a mandatory field.
- Click the ? icon for help with a particular field.
- Click the ▾ button to view and select from the list of available options for that field.
- Click the ✖ button to remove values from a field.

Prior to submitting an event **CLICK HERE** to see the types of events to be reported using this form. If the event is not listed, it is not reportable through SI.

CLICK HERE for a list of other DMH reporting units if a DMH program. You may also contact the numbers listed below for further information.

If you have any questions or require assistance with completing this form please contact your on-site administrator. Call 213-351-6633, 213-637-4588, or 213-639-6326.

+ Add a new event

My reports

Design a report

New search

Saved queries

Event Location

Use this section to detail the reporting location

★ Reporting Site (Service Area or CW-Countywide)

★ Reporting Location / Service Name (Provider Number / Provider Name)

Start

Who was affected by the event?

Client

Date of initial intake

★ Is the client currently prescribed psychotropic medications?

Yes

Enter name of prescribing MD or furnishing NP

Enter the name(s), dosage(s) and frequency of the medication(s)
The current med list can be copied from OrderConnect or IBHIS and pasted here.

DSM Diagnoses ?

Enter code and a brief description

CLICK HERE to see a list of DSM Diagnosis Codes

People affected by the event

★ Type

Client

★ IS Number

Type UNKNOWN if IS Number is not known

Search

★ Client Last Name

★ Client First Name

Client Middle Initials

Client Date of Birth (MM/dd/yyyy)

Client Age

★ Client Gender

Client Race / Ethnicity

Add Another


Event Basics	
★ Event Type ?	<input type="text"/>
CLICK HERE for a crosswalk of DMH events by type.	
★ Event Category	<input type="text"/>
★ Event Subcategory	<input type="text"/>
★ Event discovery date	05/13/2015
Event discovery time (hh:mm) Use the military time format.	<input type="text"/>
Event occurrence date (MM/dd/yyyy) ?	<input type="text"/>
Event occurrence time (hh:mm) Use the military time format.	<input type="text"/>
How did you learn about the event?	<div><input type="text"/></div>
Select all that apply from the dropdown list	<input type="text"/>

Event Detail	
★ Describe the event in your own words When completing this field, please keep the following in mind: ✦ DO NOT enter the names of individuals in this field. Instead, use terms like "Client", "Receptionist", "Nurse", etc. ✦ Avoid entering your own personal opinions - stick to the facts. ✦ Make sure the information is relevant, being as brief as possible.	<div><input type="text"/></div>
Describe any factors contributing to the event, lessons learned, and/or recommendations to prevent recurrence	<div><input type="text"/></div>

Harm Score	
If this event did not occur at the clinic site or while providing services, enter the following information in this section:	
Extent of Harm: Near Miss Harm Score: 1. Unsafe Condition When was harm assessed: Within 24 hours Interventions attempted: Unknown	
★ Extent of harm	<input type="text"/>
★ Harm score ?	<input type="text"/>
How long after the incident was harm assessed?	<input type="text"/>
If the harm score is 1, select the response of 'within 24 hours'	
Was any intervention attempted to prevent, reverse, or halt the progression of harm?	<input type="text"/>

Additional Information

Who was notified?

Select all that apply from the dropdown list

Check the box if anybody else was involved

☐

Are there any documents to be attached to this record?

☐

Attach any correspondence, news articles, or related documents.

If attachments are available and the box is checked, another screen will dropdown:

Are there any documents to be attached to this record?

☒

Attach any correspondence, news articles, or related documents.

Attachments

Use this section to attach documents.

New Document

* Link as

* Description

* Attach this file

Browse...

Add Another

Reporter Info

Reporter

Reporter role

Last name

Manager

First name

Training

Middle initials

Contact phone number

Your e-mail address

noemail@uhc.edu

Ensure this is completed if you would like to receive acknowledgement of report submission

Save

Cancel

To protect the confidentiality and non-discoverability of the event, do not print, reference or include the report, e-mail acknowledgement or co